

ORDER

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

1800.51A

4/10/92

SUBJ: OFFICE OF AVIATION MEDICINE EVALUATION SYSTEM

1. PURPOSE: This order assigns responsibilities for conducting and monitoring evaluations, reporting on results, tracking the implementation of adopted recommendations, and analyzing discernible trends.
2. DISTRIBUTION. This order is distributed to division level in the Office of Aviation Medicine (AAM); to regional administrators and center directors; to regional Aviation Medical Divisions; to medical clinics in regional Air Route Traffic Control Centers and to division level in the Civil Aeromedical Institute (CAMI), Mike Monroney Aeronautical Center.
3. CANCELLATION. Order AM 1800.51, Aviation Medicine Program Evaluation System, June 23, 1980, is canceled.
4. BACKGROUND. FAA Order 1800.2 series, Evaluation and Appraisal of Agency Programs:
 - a. Establishes policies and guidelines for the review, evaluation, and appraisal of agency programs. The order also assigns responsibilities for conducting and monitoring evaluations and appraisals, reporting on results, and tracking the implementation of adopted recommendations.
 - b. Describes the phases of evaluations and provides a general description of each: planning, scheduling, executing, followup and tracking (see appendix 1).
 - c. Contains sample formats for annual evaluation plans and summary accomplishment reports (see appendix 2).
 - d. Contains information on action plan and followup report formats addressing the findings and recommendations in the final evaluation report (see appendix 3).
5. RELATED PUBLICATIONS. Order 1800 series, Aviation Standards Evaluation System, establishes additional evaluation policies and guidelines for offices reporting to the Associate Administrator for Aviation Standards.

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A-FAT-1(LTD)Medical

Initiated By: AAM -110

6. SCOPE. This order is applicable to the review and evaluation of all agency medical programs in Washington Headquarters (including CAMI), regions, and centers.

7. DEFINITIONS.

a. An appraisal is an independent, executive-level assessment of management and organizational issues often crossing organizational or programmatic lines and accomplished on behalf of the Administrator, Deputy Administrator, an Executive Director, an Assistant, Associate or Regional Administrator, or Center Director.

b. An evaluation is a line or staff management assessment of the effectiveness of programs and activities under their direction, measured against specific program objectives, technical standards, and administrative policies.

8. OBJECTIVES. The evaluation of agency medical programs is designed to:

a. Apprise management of program performance and provide data for decisionmaking.

b. Ensure that medical programs and associated activities are administered in accordance with all applicable laws, rules, regulations, policies, and directives and are conducted in accordance with accepted principles and practices in the medical and allied sciences.

c. Promote increased efficiency and effectiveness in the management, administration, and operation of agency medical programs through an exchange of ideas, methods, systems, and techniques between Washington headquarters and field medical program managers and staff personnel.

d. Determine the nature and quality of services provided to agency employees and the aviation public.

e. Assess the effectiveness of medical program guidance provided by AAM and identify areas where improvement or revision is needed.

f. Measure program performance against established goals and objectives.

9. DESCRIPTION OF EVALUATION SYSTEM. The evaluation of agency medical programs is an integral part of the responsibility of AAM in carrying out its role in the development of policies, guidelines, standards, systems, and procedures for agencywide

application. Furthermore, it is essential for determining the overall effectiveness of medical programs to meet the needs of the agency, employees, and the aviation public. The AAM Evaluation System is the means used to meet the objectives identified in this order. The system is comprised of the following functions:

a. Onsite Evaluations and Surveys. Onsite evaluations and surveys are planned and scheduled by a team consisting of AAM headquarters and/or regional and CAMI personnel. These evaluation teams review medical program operations, survey medical facilities and equipment, and observe medical program activities as administered and managed in the regions and CAMI.

b. Program Reviews and Special Studies. Program reviews and special studies consist of evaluations of Washington headquarters, regional, or CAMI medical programs by AAM personnel, other agency employees, and/or consultants. These types of evaluations are conducted when evaluations greater in scope and depth are required over those attained by reviewing medical program progress reports or onsite surveys.

c. Program Information Reviews. The statistical and narrative data gathered from program plans, management information systems, computer data systems, monthly medical activity reports, and budget reviews are routinely analyzed by medical program managers. This information provides a basis for the AAM divisions to compare and evaluate medical program performance on a continuing basis for each manager's respective functional and technical areas.

10. FACTORS EVALUATED. Standards for measurement of performance in medical professional areas are qualitative and subjective in nature, with performance best measured in terms of program results or success. Medical programs are categorized according to major functional areas (Reference: Order 1100.2 series, FAA Organization-FAA Headquarters) and include (1) Medical Standards, (2) Airman Medical Certification, (3) Medical Research, (4) Aircraft Accident Investigation, (5) Occupational Health (which includes employee health, industrial hygiene, and clinical services), (6) Airman Education, (7) Aviation Industry Substance Abuse Program, and (8) Aviation Medical Examiner System. The standards and other criteria used for evaluation purposes will reflect the characteristics relative to these functional areas.

a. The professional and technical aspects of agency medical programs reflect a consensus of accepted facts and rationale found in medical and scientific literature and, in effect, may become agency standards. There are also federal laws, rules, and regulations and agency directives issued by the Administrator, AAM, and other offices and services within the agency which

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contain policies and guidelines impacting upon the evaluation of medical programs. The degree to which medical programs meet imposed standards and requirements is appraised through the evaluation system.

b. Basic, broad standards for medical program performance are as follows:

(1) Professional and Scientific. All professional and scientific standards of the medical and allied sciences are being met.

(2) Policies. There is active medical program management support of established agency policies. Where there have been apparent incompatibilities between policies, these variants have been referred for resolution. Policies are known and understood by medical managers.

(3) Planning. Medical planning reflects factors influencing requirements of the National Airspace System and makes provision for unexpected events and continuity of essential activities in emergencies.

(4) Organization. Each medical element is clearly related to an agency mission and is essential to medical program effectiveness. Medical components are free from undue fragmentation and overlapping of responsibility; delegations are clear, and the structure of the organization lends itself to efficiency and effectiveness in management and operations.

(5) Resources. Medical resources are used in accordance with approved programs, projects, and protocols. Expenditures above or below authorizations are reported in the budget cycle, with shifts of resources from one area to another made in accordance with the appropriate established procedures for management of funds, personnel, and material.

(6) Operation. All medical systems and procedures are essential to program accomplishment. All functional, ancillary supporting systems and procedures are adequate and conducive to the efficient and effective operation of the medical programs. All professional and supporting employees are engaged in work covered by their position descriptions and have established performance standards or are otherwise assigned according to established personnel management procedures. Sufficient agency, on-the-job, and out-of-agency training is provided to all employees, as required, to increase their work skills and effectiveness on the job.

11. RESPONSIBILITIES. The assignment of responsibilities under the system is as follows:

a. Program Management Division, AAM-100.

(1) Plans, coordinates, and administers the medical evaluation system as required by agency directives.

(2) Assures that the AAM Medical Evaluation System is in agreement with the overall agency evaluation system.

(3) Prepares the Annual Evaluation Plan and the Annual Accomplishment Report for the Office of Aviation Medicine.

b. Plans, Evaluation, and Information Resource Management Branch, AAM-110.

(1) Evaluates Aviation Medical Programs and activities in the field to determine compliance with national requirements, the effectiveness of program management, and the efficiency of prescribed national programs.

(2) Determines the adequacy of national aviation medical programs, policies, standards, and procedures to ensure effectiveness of program activities.

(3) Provides advice and assistance to other AAM elements relative to evaluation matters.

(4) As requested, provides advice and assistance to region and center field counterparts relative to the conduct of medical program evaluations.

c. AAM Divisions and CAMI.

(1) Identifies and establishes medical standards and performance requirements relative to assigned functional areas and determines specific items of accountability against which actual performance can be measured.

(2) Evaluates management information and conducts onsite surveys of program areas in the field.

(3) Provides ad hoc team members and technical assistance for special evaluations and projects as required.

(4) Conducts program evaluations of branches and other organizational units within their division.

d. Regional Aviation Medical Divisions.

(1) Plan and conduct medical field office evaluations annually.

(2) Plan and conduct program reviews and special studies on an as-needed basis.

(3) Coordinate the development of action plans and schedules for implementation of approved recommendations, periodically reporting progress on the action plans to the Federal Air Surgeon; Plans, Evaluation and Management Support Division; Regional Director; etc., to ensure adequate tracking of program activities.

(4) Submit annual evaluation plans to AAM-110 through the Federal Air Surgeon. Refer to Appendix 2 for sample formats.

(5) Submit an annual report of accomplishments based on the evaluations conducted at centers or elsewhere. (See Appendix 2 for sample formats.)

12. CONDUCTING AND SCHEDULING EVALUATIONS.

a. The AAM approach to conducting onsite evaluations, program reviews, and special studies provides for a minimum of one person to conduct an evaluation of a specific medical program area or an ad hoc team to conduct a broad evaluation of all medical programs. The method used will be dictated by the type and scope of the evaluation. The headquarters evaluation staff primarily conducts effectiveness evaluations of AAM programs. Regional Aviation Medical Divisions and CAMI staff may also assist with headquarters effectiveness evaluations or perform their own. The AAM-110 evaluation staff also provides national oversight of AAM evaluations to assure comparable data collection from each region and facilitates national compliance data compilation.

b. Onsite evaluations and surveys of Washington headquarters, region, center, and CAMI medical programs will be planned on a fiscal year basis.

c. Program reviews and special studies will be conducted on an as needed basis.

13. COORDINATION.

a. Onsite evaluations and surveys will not be conducted in region and center field facilities or CAMI without prior notification of the Regional Administrator, Regional Flight Surgeon, or Center Director.

b. An entrance briefing will be conducted for the manager or director of the organization to be evaluated.

c. An exit conference will be held with the manager or director of the organization evaluated to present findings, recommendations, and conclusions prior to submitting a final report to the Federal Air Surgeon for his review and signature.

14. EVALUATION MONITORING AND REPORTS.

a. Monitoring. Information on planned evaluations, including the topic, a brief description of the objectives or intent, planned starting date, and resource requirements is entered in the Office of Aviation Medicine Evaluation Tracking System (AAMETS). The information is updated as necessary, as the evaluation progresses. Once the evaluation is completed, AAMETS will maintain a summary of information regarding the evaluation's cost, findings, conclusions, recommendations, approved followup action, the milestones for actions, status, and responsible office.

b. Findings. Evaluation reports should include both positive and negative findings, discussion, and recommendations. Evaluation reports should be issued in final without negotiating findings with the office being evaluated. In some cases, a draft report may be coordinated with the office being evaluated to ensure the accuracy of technical data.

c. Resolving Findings Disagreements. Disagreements with recommendations or findings are handled during the followup phase. In such cases, the program manager shall meet with the evaluation team leader subsequent to report issuance to resolve disagreements or conflicting opinions and identify compromise or alternative actions to resolve problem areas.

d. Reporting. Team members will remain at the evaluation site to draft the evaluation report.

e. Draft Evaluation Report. A draft evaluation report will be issued for coordination within 20 working days after the evaluation team has left the evaluation site. The organization evaluated will have 10 working days to review the draft report and provide comments. Comments on the draft report shall be submitted in writing to the Manager, Program Management Division, AAM-100. Negative reports are required.

f. Final Evaluation Report. Comments on the draft evaluation report will be resolved, and the final evaluation report issued, within 45 days after receipt of the comments on the draft evaluation report. The final evaluation report and supporting documentation will become part of the official evaluation file system. The draft and final reports and supporting documents will be designated restricted for official use only.

g. Reporting Coordination. Copies of reports from Regional Aviation Medical Division and CAMI conducted medical program evaluations should be submitted to headquarters as they are completed. Provide one copy of each report of findings and related followup actions to AAM-1 and one copy to AAM-110.

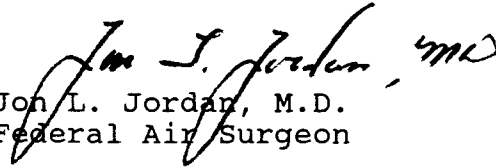
h. Official Use Only. Evaluation reports shall be marked "FOR OFFICIAL USE ONLY PUBLIC AVAILABILITY TO BE DETERMINED UNDER 5 U.S.C. 552)." Requests for disclosure shall be handled in accordance with Order 1200.23 series, Public Availability of Information, and Order 1600.15 series, Control and Protection of "FOR OFFICIAL USE ONLY" INFORMATION, and where applicable, FAR Part 191, Withholding Security Information from Disclosure under the Air Transportation Security Act of 1974. Classified information shall not be included in evaluation reports.

15. FOLLOWUP ACTIONS.

a. A formal followup tracking system shall be employed to assure that evaluation findings and recommendations are acted upon in a timely manner. Information on completed evaluations is entered into the AAMETS to facilitate followup. The system contains information on evaluation findings, conclusions, recommendations, responsible program office, their schedule of action, and status.

b. Within 30 days of receipt of the final evaluation report, the head of the organization evaluated shall advise the Federal Air Surgeon, AAM-1, in writing, of what actions have been taken or planned on the assigned findings and recommendations. AAM organizations other than the organization evaluated may be referred issues for action. The managers of these organizations are also allowed 30 working days from receipt of the action item to advise the Federal Air Surgeon, AAM-1, in writing, of what actions have been taken or planned on the assigned finding(s) and recommendation(s).

c. Evaluation findings and recommendations impacting the Office of Aviation Medicine's policies, procedures, and guidelines shall be acted upon in a timely manner and will be included as a part of the evaluation tracking system. AAM will provide the followup report format. This format may be used for the initial report, progress report, or final report. The frequency of subsequent progress reports will be identified in the action plan but will be provided no less than quarterly. Managers will strive to resolve all followup actions within 6 months or within agreed upon timeframes established in the action plan. Copies of the action plan and followup reports will be coordinated with AAM-1 and AAM-110, as appropriate (see appendix 4).


Jon L. Jordan, M.D.
Federal Air Surgeon

Appendix 1. Phases of an Evaluation Program

Planning. The initial phase of the evaluation process. Prior to the beginning of each fiscal year, the evaluation officer or the designated evaluator meets with the office director and their top management team to determine what programs they are interested in evaluating during the next fiscal year. The evaluation officer or designated evaluator has a consulting relationship with the office director that provides for a two-way information flow in which the evaluation officer, based on their experience, may suggest programs for evaluation. Prior to initiating data gathering, the team leader completes an evaluation plan. This plan identifies the evaluation's overall objectives, specific subobjectives, methodology for completing each objective, and the necessary data collection tasks. In addition, the team leader is responsible for developing data collection questionnaires and program records review guidelines.

NOTE: Preliminary background data gathering begins. Evaluators pretest data gathering instruments such as questionnaires during this phase.

Scheduling. The phase during which evaluators coordinate and negotiate the exact start and completion dates of the evaluation.

NOTE: Team leaders train evaluation teams. Organization to be reviewed is officially notified, and an entrance conference is held.

Execution. The phase during which data is collected, interviews are held, documents and records are reviewed, and preexecution data are validated.

NOTE: The scope of the evaluation may be slightly modified during this stage, depending on what the preliminary data analysis reveals. Evaluators draft the report and conduct an exit conference with management to debrief the results.

Followup/Tracking. The phase during which conclusions and any recommendations, along with planned corrective actions, are entered into an organization's tracking system.

NOTE: Evaluators will monitor, on a periodic basis, organizations' progress in implementing corrective actions and update the tracking system accordingly. Evaluators may choose to conduct a followup study to verify that corrective actions were taken in response to the initial evaluation. The tracking system report can provide the basis of reporting requirements in this order, such as the annual summary report.

Appendix 2. Sample Formats for Annual Evaluation
Plans and Suggested Content for Annual
Report of Accomplishments

1. Responsible Action Officer: Identify the person designated as the coordinator for evaluation reports, including the organization routing symbol and telephone number.

2. Summary of Past Fiscal Year Evaluations: Provide a brief narrative summary of the past fiscal year evaluation activities. Include any significant achievements and improvements made as a result of your evaluation process. Examples might include increases in productivity, improved service to the public, and quantifiable benefits accrued to the agency as a result of the evaluation. Your report should also identify any open recommendations or problems encountered in carrying out your planned fiscal year evaluations.

The information contained in an organization's summary reports will serve as the foundation of AAM's annual accomplishment report to the Administrator.

Sample Annual Evaluation Plans

Evaluation 1

Subject Organization - Office of Aviation Medicine

Subject Program - Medical Programs

Specific Topic of Evaluation - New England Region, Aviation
Medicine Division

Evaluation Type - Effectiveness

Scope - Boston Air Route Traffic Control Center Clinic - Followup

Resource Requirements

- A. Staff - 3
- B. Travel - \$1,652
- C. Other - \$4,900

Tentative Milestones

- A. Start - 3rd Quarter
- B. Complete - 3rd Quarter

Evaluation 2

Subject Organization - Office of Aviation Medicine

Subject Program - Medical Programs

Specific Topic of Evaluation - Alaskan Region, Aviation Medicine Division

Evaluation Type - Effectiveness

Scope - Conduct Health Needs Assessment of Outlying Facilities - Came Out of FY-90 Evaluation - Followup

Resource Requirements

- A. Staff - 4
- B. Travel - \$11,300
- C. Other - \$15,000

Tentative Milestones

- A. Start - 4th Quarter
- B. Complete - 4th Quarter

Suggested Content for Annual Report of Accomplishments

Some samples of accomplishments directly related to evaluation are listed below.

AAM learned that communications have improved within Aviation Medicine since straightlining.

AAM learned that use of field personnel in national evaluations was very beneficial to headquarters, the field personnel who participated, and the region being evaluated.

Increased the visibility of AAM's programs and identified problems. Each time an evaluation team visited a region, they spoke with approximately 40-50 FAA regional managers and staff, as well as AAM medical personnel.

Appendix 3. Action Plan Followup Report

1. Action Planning: Each Regional Flight Surgeon (RFS) is responsible for assuring that an action plan is developed to address the findings and recommendations in the final evaluation report. Within 30 working days of the receipt of the final report from AAM-1, the RFS must develop an action plan which provides the following information:

- a. Evaluation report date and region/division evaluated.
- b. Name, title, and telephone number of personnel responsible for developing and coordinating the action plan and followup reports.
- c. Date of the action planning document.
- d. A systematic presentation of actions planned for each report finding with the following identifications:
 - Action item (number and title).
 - Page number from report.
 - Proposed plan of action.
 - Estimated completion date of final action.
 - Responsible action office.
- e. Endorsement by the RFS on action(s) planned and scheduled for accomplishment.

This information will be forwarded to AAM-110 through AAM-1 and will be used to track followup actions and to monitor progress toward implementation of the evaluation report recommendations. The RFS is to develop a system for tracking action items and schedules to simplify the development of the followup reports.

2. Followup Reports: In accordance with national policy, a followup status report on the progress on each action item will be developed and forwarded to AAM-1/AAM-110 by the 15th of each quarter. The first followup report will be required by the 15th of the month following the date of the action plan. For example, if the action plan is issued in October 1990, the first followup report will be due November 15, 1990. Thereafter, prepare a quarterly report for AAM-110 on all outstanding and completed actions until such time as the last action item is completed.

The followup reports should be prepared using the sample format provided in Appendix 4. Each office should prepare a report on their respective action items.

An evaluation file is considered closed when each action planned in response to the evaluation report findings has been accomplished. The RFS is responsible for a final closeout evaluation report once all actions are completed. This report essentially will be a review of the actions planned, a brief statement describing the accomplished actions, and the completion date of the respective actions. AAM-1 will advise the head of the organization office that the evaluation file is officially closed upon receipt of this final closeout report.

